

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Docket No.: 653.1003US #1631
Date: December 1, 2003

Image

In re application of: Donald P. Reitberg
Serial No.: 09/872,430
Filed: June 1, 2001
For: **Single-Patient Drug Trials Used With Accumulated Database:**

Sir:

Transmitted herewith is a Response in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☐ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

	(Col. 1)	(Col. 2)	
FOR:	REMAINING	HIGHEST	
	AFTER	PREVIOUSLY	PRESENT
	AMENDMENT	PAID FOR	EXTRA
TOTAL CLAIMS	* Minus**	=	0
INDEP. CLAIMS	* Minus***	=	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

SMALL ENTITY		OR	LARGE ENTITY	
RATE	FEE		RATE	FEE
x \$ 9	\$		x \$ 18	\$
x \$ 42	\$		x \$ 84	\$
+ \$140	\$		+ \$280	\$

TOTAL: \$ OR TOTAL: \$

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

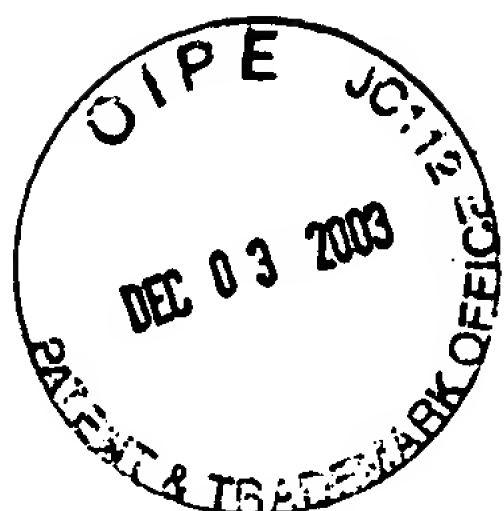
- ☐ Also transmitted herewith are:
☒ Petition for one month extension under 37 C.F.R. 1.136 (in duplicate)
☒ Other: **-Response to Restriction Requirement**
-Petition for One Month Extension
- ☒ Check(s) in the amount of **\$55.00** is/are attached to cover:
☐ Filing fee for additional claims under 37 C.F.R. 1.16
☒ Petition fee for one month extension under 37 C.F.R. 1.136
☐ Other:
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☐ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ Any petition fees for one month extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

Clifford M. Davidson, (Reg. No. 32, 728)
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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on December 1, 2003.

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY:



653.1003US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Donald P. Reitberg
Serial No.: 09/872,430
Filed: June 1, 2001
For: **Single - Patient Drug Trials Used With
Accumulated Database**
Examiner: LY, CHEYNE D Art Unit: 1631

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

December 1, 2003

Sir:

In the Office Action dated September 30, 2003, the Examiner Required Restriction of the application to one of the following inventions under 35 USC §121: an unspecified type of drug or a type of drug from those listed in claim 9, and 10-14.

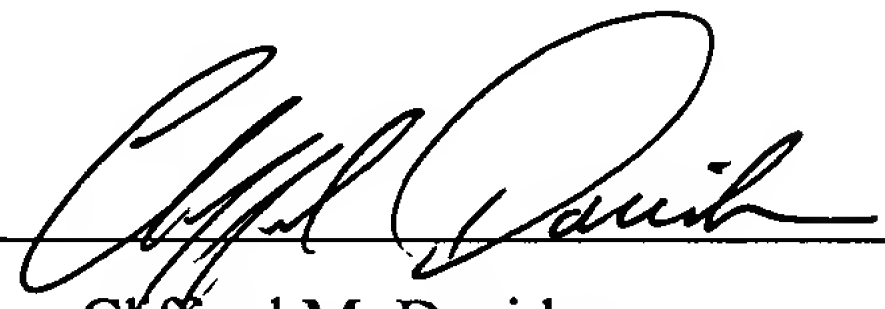
In response, applicant hereby elects a drug for the treatment of metabolic and/or endocrine disorders, as set forth within the body of claim 9. It is respectively submitted that claims 1-9, and 15-20 are readable on this species. Should the Examiner take the position that the above election is not narrow enough, then applicant hereby elects a drug for the treatment of metabolic disorders as the single disclosed species for prosecution on the merits.

Upon allowance of a generic claim, the applicant will request consideration of claims to additional species which are written in the dependent form or otherwise include all of the limitations of an allowed generic claim as provided by 37 C. F. R. 1.141.

If the Examiner deems that any further actions need be taken, the Examiner is invited to contact the undersigned at the telephone number provided below.

Respectfully Submitted,

DAVIDSON, DAVIDSON & KAPPEL, LLC

By: 
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